

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION

| | | |
|-------------------|---|-------------------------|
| In re: |) | CASE NO: 19-40717-399 |
| |) | |
| TIMOTHY W. DAVIS, |) | CHAPTER 13 |
| |) | |
| Debtor. |) | MEMORANDUM OF AMENDMENT |
| |) | TO SCHEDULES |

MEMORANDUM OF AMENDMENT TO SCHEDULES
CHAPTER 13 CASE

Under Local Rule 1009, Debtor provides the following explanation for the Amended Schedules I and J, filed November 11, 2021 in her above-captioned bankruptcy case, and states as follows:

1. Amended Schedule I to reflect increased income—Debtor has changed employers, and now works for Product Development, a part of Bi-State Development; and
2. Amended Schedule J: Schedule J amended to increase Debtor's household expenses to a sustainable level, and to indicate that Debtor can afford the Plan payment, which is unchanged.

WHEREFORE, Debtors respectfully request that the Amended Schedules I and J to update Debtor's income and her expenses be allowed in this Bankruptcy Case.

Date: November 11, 2021

/s/Rochelle Stanton
ROCHELLE D. STANTON, MO Bar #49641
Attorney for Debtor, Fed. Bar #49641MO
745 Old Frontenac Square, Ste. 202
Frontenac, MO 63131
(314) 991-1559
(314) 991-1183 Fax

CERTIFICATE OF MAILING/SERVICE

CERTIFICATE OF SERVICE

I certify that a true and correct copy of the foregoing document was filed electronically on November 11, 2021, with the United States Bankruptcy Court, and has been served on the parties in interest via e-mail by the Court's CM/ECF System as listed on the Court's Electronic Mail Notice List.

CERTIFICATE OF SERVICE

I certify that a true and correct copy of the foregoing document was filed electronically with the United States Bankruptcy Court, and has been served by Regular United States Mail Service, first class, postage fully pre-paid, addressed to those parties listed on the Court's Manual Notice List and listed below on November 11, 2021.

Diana S. Daugherty, Esq.
Chapter 13 Trustee
P.O. Box 430908
St. Louis, MO 63143.

The Office of the United States Trustee
111 S. Tenth Street, Ste. 6353
Thomas Eagleton Federal Courthouse
St. Louis, MO 63102

Sworn and executed under penalty of perjury this 11th day of November, 2021 at Frontenac, Missouri.

/s/Rochelle Stanton
ROCHELLE D. STANTON, MO Bar #49641
Attorney for Debtor, Fed. Bar #49641MO
745 Old Frontenac Square, Ste. 202
Frontenac, MO 63131
(314) 991-1559/(314) 991-1183 Fax

Fill in this information to identify your case:

Debtor 1 Timothy W. Davis

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI

Case number 19-40717
(If known)

Check if this is:

- ☒ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

Official Form 106I

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Mechanic

Bi-State Development

3300 Spruce Street
Saint Louis, MO 63103

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

How long employed there? 2 1/2 weeks

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-----------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ <u>5,163.60</u> | \$ <u>N/A</u> |
| 3. Estimate and list monthly overtime pay. | 3. +\$ <u>0.00</u> | +\$ <u>N/A</u> |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ <u>5,163.60</u> | \$ <u>N/A</u> |

Copy line 4 here

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|----|--------------------|-----------------------------------|
| 4. | \$ <u>5,163.60</u> | \$ <u>N/A</u> |

5. List all payroll deductions:

- 5a. Tax, Medicare, and Social Security deductions
 5b. Mandatory contributions for retirement plans
 5c. Voluntary contributions for retirement plans
 5d. Required repayments of retirement fund loans
 5e. Insurance
 5f. Domestic support obligations
 5g. Union dues
 5h. Other deductions. Specify: _____

| | | |
|------|------------------|---------------|
| 5a. | \$ <u>416.39</u> | \$ <u>N/A</u> |
| 5b. | \$ <u>249.17</u> | \$ <u>N/A</u> |
| 5c. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 5d. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 5e. | \$ <u>130.00</u> | \$ <u>N/A</u> |
| 5f. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 5g. | \$ <u>78.00</u> | \$ <u>N/A</u> |
| 5h.+ | \$ <u>0.00</u> | \$ <u>N/A</u> |

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

| | | |
|----|------------------|---------------|
| 6. | \$ <u>873.56</u> | \$ <u>N/A</u> |
|----|------------------|---------------|

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

| | | |
|----|--------------------|---------------|
| 7. | \$ <u>4,290.04</u> | \$ <u>N/A</u> |
|----|--------------------|---------------|

8. List all other income regularly received:

- 8a. Net income from rental property and from operating a business, profession, or farm
 Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.
 8b. Interest and dividends
 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive
 Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.
 8d. Unemployment compensation
 8e. Social Security
 8f. Other government assistance that you regularly receive
 Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.
 Specify: _____
 8g. Pension or retirement income
 8h. Other monthly income. Specify: _____

| | | |
|------|----------------|---------------|
| 8a. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 8b. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 8c. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 8d. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 8e. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 8f. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 8g. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 8h.+ | \$ <u>0.00</u> | \$ <u>N/A</u> |

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

| | | |
|----|----------------|---------------|
| 9. | \$ <u>0.00</u> | \$ <u>N/A</u> |
|----|----------------|---------------|

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

| | | | | | |
|-----|--------------------|---|---------------|---|--------------------|
| 10. | \$ <u>4,290.04</u> | + | \$ <u>N/A</u> | = | \$ <u>4,290.04</u> |
|-----|--------------------|---|---------------|---|--------------------|

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.
Specify: _____11. +\$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12. \$ 4,290.04

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☐ No.☒ Yes. Explain:

Net income will be decreased by amounts deducted from Debtor's wages and health insurance, which are estimated at present. Health insurance is estimated to be \$30.00 per week or more, and Union Dues are estimated to be \$18.00 weekly.

Fill in this information to identify your case:

Debtor 1 Timothy W. Davis

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI

Case number 19-40717
(If known)

Check if this is:

- ☒ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Son

13

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 400.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 20.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

6. Utilities:

| | | |
|--|--------|--------|
| 6a. Electricity, heat, natural gas | 6a. \$ | 200.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ | 105.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 165.00 |
| 6d. Other. Specify: _____ | 6d. \$ | 0.00 |

7. Food and housekeeping supplies

| | |
|-------|--------|
| 7. \$ | 700.00 |
|-------|--------|

8. Childcare and children's education costs

| | |
|-------|--------|
| 8. \$ | 150.00 |
|-------|--------|

9. Clothing, laundry, and dry cleaning

| | |
|-------|--------|
| 9. \$ | 125.00 |
|-------|--------|

10. Personal care products and services

| | |
|--------|-------|
| 10. \$ | 70.00 |
|--------|-------|

11. Medical and dental expenses

| | |
|--------|-------|
| 11. \$ | 60.00 |
|--------|-------|

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

| | |
|--------|--------|
| 12. \$ | 360.00 |
|--------|--------|

13. Entertainment, clubs, recreation, newspapers, magazines, and books

| | |
|--------|-------|
| 13. \$ | 50.00 |
|--------|-------|

14. Charitable contributions and religious donations

| | |
|--------|-------|
| 14. \$ | 10.00 |
|--------|-------|

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

| | | |
|---------------------|---------|------|
| 15a. Life insurance | 15a. \$ | 0.00 |
|---------------------|---------|------|

| | | |
|-----------------------|---------|------|
| 15b. Health insurance | 15b. \$ | 0.00 |
|-----------------------|---------|------|

| | | |
|------------------------|---------|--------|
| 15c. Vehicle insurance | 15c. \$ | 224.00 |
|------------------------|---------|--------|

| | | |
|--------------------------------------|---------|------|
| 15d. Other insurance. Specify: _____ | 15d. \$ | 0.00 |
|--------------------------------------|---------|------|

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.Specify: **Personal Prop. Tax**

| | |
|--------|-------|
| 16. \$ | 90.00 |
|--------|-------|

17. Installment or lease payments:

| | | |
|---------------------------------|---------|--------|
| 17a. Car payments for Vehicle 1 | 17a. \$ | 650.00 |
|---------------------------------|---------|--------|

| | | |
|---------------------------------|---------|------|
| 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
|---------------------------------|---------|------|

| | | |
|----------------------------|---------|------|
| 17c. Other. Specify: _____ | 17c. \$ | 0.00 |
|----------------------------|---------|------|

| | | |
|----------------------------|---------|------|
| 17d. Other. Specify: _____ | 17d. \$ | 0.00 |
|----------------------------|---------|------|

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

| | |
|--------|------|
| 18. \$ | 0.00 |
|--------|------|

19. Other payments you make to support others who do not live with you.

| | |
|----|------|
| \$ | 0.00 |
|----|------|

Specify: _____

19.

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

| | | |
|----------------------------------|---------|------|
| 20a. Mortgages on other property | 20a. \$ | 0.00 |
|----------------------------------|---------|------|

| | | |
|------------------------|---------|------|
| 20b. Real estate taxes | 20b. \$ | 0.00 |
|------------------------|---------|------|

| | | |
|---|---------|------|
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
|---|---------|------|

| | | |
|---|---------|------|
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
|---|---------|------|

| | | |
|--|---------|------|
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
|--|---------|------|

21. Other: Specify: **Postage/Mailings**

| | |
|---------|-------|
| 21. +\$ | 12.00 |
|---------|-------|

22. Calculate your monthly expenses

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

| | |
|----|----------|
| \$ | 3,391.00 |
| \$ | |
| \$ | 3,391.00 |

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

| | |
|---------|----------|
| 23a. \$ | 4,290.04 |
|---------|----------|

23b. Copy your monthly expenses from line 22c above.

| | |
|----------|----------|
| 23b. -\$ | 3,391.00 |
|----------|----------|

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income.

| | |
|---------|--------|
| 23c. \$ | 899.04 |
|---------|--------|

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here: _____

Fill in this information to identify your case:

Debtor 1

Timothy W. Davis

First Name

Middle Name

Last Name

Debtor 2

(Spouse if, filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI

Case number 19-40717

(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Timothy W. Davis

Timothy W. Davis

Signature of Debtor 1

X

Signature of Debtor 2

Date November 10, 2021

Date _____